

**CLAIM -- VOUCHER**

State Form 11294 (R 4/1-96)

Approved by State Board of Accounts, 1996.

Name of agency personnel who prepared this claim.

Name:

Phone:

INSTRUCTIONS: This agency is requesting disclosure of your Social Security Number in accordance with I.C. 4-1-8

VENDOR INFORMATION						AGENCY INFORMATION			
Document Number			Date (Month, Day, Year)			Agency Name FSSA/Family and Social Services Administration			
Vendor Name						Agency Number 500			
Address (Number, Street)						Social Security Number		1099 CODE	
Address (P. O Box Number)						Federal I. D. Number/EIN		1099 CODE NO	
City, State, and ZIP Code (00000-0000)						Vendor Number			
AREA BELOW TO BE COMPLETED BY AGENCY.									
DATE	AMOUNT	FUND	OBJECT	CENTER	LOAN/INV/NBR	QTY.	UNIT	DESCRIPTION	
		2250	572700	150000	IMPACT (Food Stamps E & T)			NO	
CONTRACT BEGINNING				AND ENDING		DATES.			
CONTRACT NUMBER:			COUNTY NUMBER:			COUNTY NAME:			
SERVICE									
GROUP AMOUNT								County Stamp date received	
0001			JOBSEARCH DEVELOPMENT AND PLACEMENT						
0002			JOB TRAINING						
0003			ASSESSMENT						
0006			JOB READINESS					County Approval person name and date	
0008			CASE MANAGEMENT						
								Reviewed by IMPACT Representative	
GROSS AMOUNT \$					Furnished to: (Name of State Agency) FSSA/Family and Social Services Administration				
I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund, and Center indicated.									
Authorized Signature of State Agency					Date (Month, Day, Year)				
Pursuant to the provisions and penalties of Indiana Code 5-1-11-10-1, I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.									
Signature of Vendor					Date (Month, Day, Year)				

**CLAIM -- VOUCHER**

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Name of agency personnel who prepared this claim.

Name:

Phone:

INSTRUCTIONS: This agency is requesting disclosure of your Social Security Number in accordance with I.C. 4-1-8

VENDOR INFORMATION						AGENCY INFORMATION			
Document Number		Date (Month, Day, Year)		Agency Name FSSA/Family and Social Services Administration					
Vendor Name				Agency Number 500					
Address (Number, Street)				Social Security Number		1099 CODE			
Address (P. O Box Number)				Federal I. D. Number/EIN		1099 CODE NO			
City, State, and ZIP Code (00000-0000)				Vendor Number					
AREA BELOW TO BE COMPLETED BY AGENCY.									
DATE	AMOUNT	FUND	OBJECT	CENTER	LOAN/INV/NBR	QTY.	UNIT	DESCRIPTION	
		3560	572700	170300	JOBS (TANF)			NO	
	CONTRACT BEGINNING			AND ENDING		DATES.			
	CONTRACT NUMBER:			COUNTY NUMBER:		COUNTY NAME:			
SERVICE									
GROUP AMOUNT								County Stamp date received	
0001			JOBSEARCH DEVELOPMENT AND PLACEMENT					County Approval person name and date	
0002			JOB TRAINING						
0003			ASSESSMENT						
0006			JOB READINESS					Reviewed by IMPACT Representative	
0008			CASE MANAGEMENT						
GROSS AMOUNT \$					Furnished to: (Name of State Agency) FSSA/Family and Social Services Administration				
I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund, and Center indicated.									
Authorized Signature of State Agency					Date (Month, Day, Year)				
Pursuant to the provisions and penalties of Indiana Code 5-1-11-10-1, I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.									
Signature of Vendor					Date (Month, Day, Year)				

TO: DIVISION OF FAMILY AND CHILDREN, IMPACT (Food Stamps E & T)

ACCOUNT # 2250/572700/150000

CONTRACT #

COUNTY NUMBER :

COUNTY NAME:

VENDOR NAME:

FEDERAL ID#:

DATE:

	NAME	S. S. NUMBER	COMPONENT CODE	DATE OF COMPLETION	AMOUNT	ABAWD Y or N
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

SERVICE GROUP TOTALS

0001 \$

0002 \$

0003 \$

0006 \$

0008 \$

GRAND TOTALS \$

TO: DIVISION OF FAMILY AND CHILDREN, JOBS (TANF)

ACCOUNT # 3560/572700/170300

CONTRACT #

COUNTY NUMBER :

VENDOR NAME:

COUNTY NAME:

FEDERAL ID#:

DATE:

	NAME	S. S. NUMBER	COMPONENT CODE	DATE OF COMPLETION	AMOUNT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

SERVICE GROUP TOTALS

0001 \$

0002 \$

0003 \$

0006 \$

0008 \$

GRAND TOTALS \$